

## ESSENTIAL FUNCTIONS

CLASS TITLE: \_\_\_\_\_

BUDGET ACCOUNT NO.: \_\_\_\_\_ POSITION CONTROL NO.: \_\_\_\_\_

DATE PREPARED: \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_

Can you perform these essential functions with or without reasonable accommodation?

☐ YES

☐ NO

CANDIDATE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

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